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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000076525 (2)**

1. Corporation Name
SEA-LECT SEAFOODS, INC.

Principal Place of Business	Mailing Address
4805 N HESPERIDES TAMPA FL 33614	4805 N HESPERIDES TAMPA FL 33614-6407

3. Date Incorporated or Qualified: 10/18/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 110 11 ST S
22: Suite, Apt. #, etc.
23: City & State: Tampa FL
24: Zip: 33602
25: Country: Hills

2a. Mailing Address
26: Box 172396
27: Suite, Apt. #, etc.
28: City & State: TAMPA FL
29: Zip: 33672
30: Country: Hills

4. FEI Number: 59-3272774 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHECHT, NEIL S
4830 W KENNEDY BLVD
SUITE 280
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name: ISAAK, MALKA
82 Street Address (P.O. Box Number is Not Acceptable): 324 No. DALE MABRY
83: SUITE 100
84 City: TAMPA FL 85 Zip Code: 33609

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X [signature] 4/15/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GASSER, JOHN		1.2 NAME		
STREET ADDRESS	120 BAY POINT DR NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33704-3806		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GASSER, LAURA		2.2 NAME		
STREET ADDRESS	120 BAY POINT DR NE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33704-3806		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] J. TR 4/18/97 B13258 1992